

CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement co	vers From: 10/22/12	to 11/26/12	
1. Committee I.D. Number	4. Candidate Last		Name	M.I.
14074	Hickner	Thomas		L
	4a. Office Sought Inc	cluding District # or Community	Served (If applicable)	
2. Committee Name	County E	xecutive		
Tom Hickner for County Executive	4b. County of Reside	ence Bay		
5. Committee's Mailing Address	6. Treasurer's Name	e & Residential Address		
P.O. Box 403	Tom Hickner			
Bay City MI 48707	4821 E. West			
	Bay City MI	48706		
(989) 992-4579				:
Area Code and Phone (989) 992-4579 If the address in this box is different from the committee				
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.	Area Code & Phone	(989) 992-4579		
7. Treasurer's Business Address	8. Designated Record	ord keeper's Name and Mailing keeper)	Address (If the commi	ttee has a
515 Center Avenue	Nicholas A. V		ြီး တ	3
Suite 401	5123 Three N	•		
Bay City MI 48708	Bay City MI		N	
	Jay 511, 1111			
Area Code and Phone (989) 895-4130	Area Code and Pho	one		
9. TYPE OF STATEMENT				·
9a. Pre-Election OR 9b. Pos	t-Election	Oc. Annual Statement (Coverage Ye	ar)
Pre-Election or Post-Election Statement relates to:	5	d. Amendment to Campaid or 9e to indicate which	gn Statement (Complet Statement is being am	ie Item 9a, 9b, 9c ended)
Primary Ge	neral	9e. Dissolution of Candidat	e Committee	
		Effective Da	ate of Dissolution	
Convention	loor			
Special	icus	By checking this item, I\We cert	ify that the committee	nas no assets or
	ر ا	outstanding debts, including late	e filing fees. Further, l	We request that if
Date of Election, Convention or Caucus	li li	he dissolution cannot be grante he Reporting Waiver.		
	l i	Note: The disposition of residua IB and the Summary Page.	al funds must be report	ed on Schedule
A committee that does not have a Reporting Waiver must file all r			ements must include al	l applicable
A committee that does not have a Reporting Waiver must file all r Schedules. Direct contributions, in-kind contributions, loans, expu	enditures, and outstar ged since the informa	iding debts count against the \$ tion was shown on the committ	т,uuu керопіng vvaive ee's Statement of Orga	nization, an
Schedules. Direct contributions, in-kind contributions, idans, explif any of the information listed in items 2, 4, 5, 6, 7, or 8 has chan amendment to the Statement of Organization should accompany before the filling deadline of a required campaign statement,	fhis Campaign Staten that campaign stater	nent. If a request for a Repor ment cannot be waived.	ting waiver is not rec	eivea on or
Verification: I\We certify that all reasonable diligence was used my\u00f3our knowledge and belief the contents are true, accurate and contents are true.	in the preparation of omplete.	this statement and attached so	hedules (if any) and to	the best of
Current Treasurer or	77	L. Hickmen	12-	6-12
Designated Record keeper Type or Print Name	/ ////////////////////////////////////	K- /TICKNEYL	— Date —	
Type of Fillit Name		1		
Candidate Thomas L. Hickmen			Date12-	-6-12
Type or Print Name	Signature			

1. Committee I.D. Number 14074

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name Tom Hickner for County Executive

CANDIDATE COMMITTEE		<u> </u>
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions	0.00	
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	447.075.00
c. Subtotal of "Contributions"	(3c.) \$ \$0.00	(18.) \$ \$17,275.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ \$250.00	(19.) \$ \$250.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \$250.00	(20.) \$ \$17,525.00
N-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ \$0.00	(21.) \$ \$0.00
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ \$0.00	(22.) \$ \$0.00
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ \$0.00	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ \$0.00	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ \$0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ \$0.00	(23.) \$ \$0.00
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.)\$ \$1,103.65	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ \$0.00	•
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ \$1,103.65	(24.) \$ \$12,476.93
DEBTS AND OBLIGATIONS 12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ \$0.00	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _\$0.00	
	BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$ _\$3,213.35	• •
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$ \$250.00	_
(Line 5, Total Contributions & Other Receipts)	(15.) = \$_\$3,463.35	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	(16.) - \$ \$1,103.65	_
(Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ \$2,359.70	*



ITEMIZED OTHER RECEIPTS SCHEDULE 1A-1

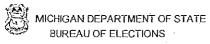
CANDIDATE COMMITTEE

1. Committee I.D. Number 14074

	·	2. Committee Name I om HICKNEY for County Executive
3. Name & Address From Whom Red	ceived 4. Date of Receipt	5. Type of Receipt 6. Amount
Receipt #1 Name & Address:	Date of Receipt 11/10/12	Loan from a Lending Institution
Tom Hickner		Interest
4821 E. Westgate Drive		Refund \Rebate Click for Memo Itemization Type
Bay City MI 48706	Fund Raiser	Other (Specify) Wetters
Receipt #2 Name & Address:	Date of Receipt 11/24/12	Loan from a Lending Institution
Bay County Clerk		Interest \$ 100.00
515 Center Avenue		Refund \Rebate Click for Memo Itemization Type
Bay City MI 48708	Count Daises	Other (Specify) filing fee
	Fund Raiser	
Receipt #3 Name & Address:	Date of Receipt	Loan from a Lending Institution
		Interest •
		Refund \Rebate Click for Memo Itemization Type
	Fund Raiser	Other (Specify)
Receipt #4	Date of Receipt	Loan from a Lending Institution
Name & Address:		\$
		Interest Refund \Rebate Click for Memo Itemization Type
,		
	Fund Raiser	Other (Specify)
Receipt #5 Name & Address:	Date of Receipt	Loan from a Lending Institution
Name & Address.		Interest \$
		Refund \Rebate Click for Memo Itemization Type
	C Friend Daison	Other (Specify)
Receipt #6	Fund Raiser Date of Receipt	Loan from a Lending Institution
Name & Address:		Interest \$
		Refund \Rebate Click for Memo Itemization Type
	Fund Raiser	Other (Specify)
Receipt #7 Name & Address:	Date of Receipt	Loan from a Lending Institution \$
		Interest
		Click for Memo Itemization Type Refund \Rebate
	Fund Raiser	Other (Specify)
	i una ivaisei	Page Subtotal 250.00
		Grand Total of All Schedules 1A -1 (Complete on last page of Schedule)
		(Complete on last page of scriedule) Foter this total on

Enter this total on line 4 of Summary Page

Page of



INCIDENTAL OFFICE EXPENSE DISBURSEMENTS SCHEDULE 1C

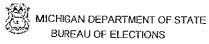
1. Committee I. D. Number

14074

2. Committee Name Tom Hickner for County Executive

(For use by officeholders only)	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1		- <u>'</u>	
Name Tom Hickner		10/24/12	s 729.92
Address	Purpose: see itemized list below	Date	
4821 E. Westgate Drive		lere for Memo	Itemization Type
Bay City MI 48706		1010 101 11101110	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name Herek for County Commissioner		10/08/12 Date	\$ <u>(50.00_</u>
Address	Purpose: donation	Date	
1606 30th Street	Click I	tere for Memo	Itemization Type
Bay City MI 48708	Charle have if this give and it was in manufact of		
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3		6	
Name Kelly for Judge		10/08/12	s (50.00)
Address	Purpose: donation	Date	<u> </u>
319 N. Johnson	Click I-	lere for Memo I	temization Type
Bay City MI 48708	Check box if this expenditure is payment of		•
✓ Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name Watson for Supervisor		10/24/12	• (OE 00)
Address	Purpose: donation	Date	\$ <u>(25.00)</u>
· · · · · · · · · · · · · · · · · · ·	Purpose:		•
180 State park Drive Bay City MI 48706	. Click ⊦	lere for Memo I	temization Type
	Check box if this expenditure is payment of		
✓ Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5	\		
Name G's		10/03/12	
Address	Purpose. elected officials lunch	Date	\$ <u>(18.14)</u>
1005 Saginaw Street	Click F	lere for Memo	temization Type
Bay City MI 48708	Check box if this expenditure is payment of		••••••
Fund Raiser	debt or obligation reported on previous statement		
	Subto	tal this page	729.92
	Grand Total of all S (Complete on last page		Carrier Marian
	(Complete on last page		

Enter this total on line 8a of Summary Page



INCIDENTAL OFFICE EXPENSE DISBURSEMENTS

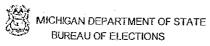
SCHEDULE 1C

14074	4
-------	---

Committee Name Tom Hickner for County Executive

2.0	ommittee Name		
GANDIDATE COMMITTEE (For use by officeholders only)	Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name Doubletree Hotel		10/11/12	\$ (47.70)
Bodblod 110to.	Purpose: Refreshments for Rotary	 Date	4 (47.10)
Address	Purpose: Notice Internation Retails		
1 Wenona Park	Click	Here for Memo I	temization Type
Bay City MI 48708			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #2			
Name Rotary Club of Bay City		10/01/12	· (00 00)
Rolary Club of Day Oily		Date	\$ <u>(60.00)</u>
Address	Purpose: International Night	Date	
P.O. Box 42	Click	Here for Memo 1	emization type
Bay City MI 48707	Check box if this expenditure is payment of		
Π	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #3			
Name U.S. Postal Service	* .	08/31/12	. (0.00)
O.O. 1 Ostal Oct vice		Date	\$ <u>(9.00)</u>
Address	Purpose: postage	Dale	•
1000 Washington Avenue	Click	Here for Memo It	emization Type
Bay City MI 48708			omedian Typo
	Check box if this expenditure is payment of		
✓ Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
		40/04/40	
Name Saginaw Bay Yacht Club		10/04/12	\$ (65.19)
Address	Purpose: refreshments volunteers	Date	
•	Pulpose.		-
2313 Weadock	Click	Here for Memo I	emization Type
Essexville, MI 48732	OL ALL SAN SELECTION OF THE PROPERTY OF		
	Check box if this expenditure is payment of debt or obligation reported on previous		
✓ Fund Raiser	statement		·
Expenditure #5			
		0010740	
Name Old City Hall		08/07/12	\$ (68.64)
Address	Purpose: refreshments volunteers	Date	(00.0.1)
814 Saginaw Street		Here for Memo I	tomization Type
Bay City MI 48708			тенникацон туре
Day Oity Will 40700	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
<u> </u>	Subt	otal this page	(N/A)_
	Grand Total of all	Schedules 1B	(
	(Complete on last pag		(N/A)

Enter this total on line 8a of Summary Page



INCIDENTAL OFFICE EXPENSE DISBURSEMENTS

SCHEDULE 1C

nmmittee L.D. Number

14074

1. Committee I. D. Number _

2. Committee Name Tom Hickner for County Executive

CANDIDATE COMMITTEE(For use by officeholders only)	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			-
Name Grand Hotel		08/26/12	\$ (30.00)
Address	Purpose: Medical Center Foundation	Date	_ -
286 Grand Avenue		lere for Memo It	emization Type
Mackinac Island, MI			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name St George Society		08/31/12	\$ <u>(100.00)</u>
Address	Purpose: fund raiser	Date	
1401 S. Grant	Click I	lere for Memo It	emization Type
Bay City MI 48708	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3			
Name St. Brigid-Hibernians		10/24/12	£ (25.00)
Address	Purpose: fund raiser	Date	
1316 Broadway		tere for Memo It	emization Type
Bay City MI 48708	Check box if this expenditure is payment of		• • • • • • • • • • • • • • • • • • •
✓ Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name Apache Grill	+	08/18/12	e (AE 16)
	Purpose: refreshments volunteers	Date	\$ <u>(45.16)</u>
Address	Purpose:		
13671 West Shore Drive Traverse City, MI 49684	Click I	Here for Memo It	emization Type
	Check box if this expenditure is payment of debt or obligation reported on previous		
▼ Fund Raiser	statement		<u> </u>
Expenditure #5			
Name Old City Hall		08/07/12	. n (46 60)
Address	Purpose: refreshments volunteers	Date	\$ <u>(16.69)</u>
814 Saginaw Street	Click !	Here for Memo II	temization Type
Bay City MI 48708	Check box if this expenditure is payment of debt or obligation reported on previous	•	
Fund Raiser	statement		
		otal this page	MA_
	Grand Total of all (Complete on last page		NA
			Enter this total

Enter this total on line 8a of Summary Page

Page 3 of 6



INCIDENTAL OFFICE EXPENSE DISBURSEMENTS

1. Committee I. D. Number

1	4	0	7	4
Į	4	U	1	4

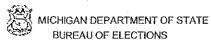
SCHEDULE 1C	2. Committee Name	Tom Hickner for	r County Executive
ANDIOATE COMMITTEE	2, 00111111100 111111		

(For use by officeholders only)	4. Purpose (Required Information)	5. Date 6. Amount
Expenditure #1		
Name Barney's		09/14/12 s(119.40)
•	Purpose: refreshments volunteers	Date
Address		
800 Michigan	Click F	lere for Memo Itemization Type
Bay City MI 48708	Check box if this expenditure is payment of	
Fund Raiser	debt or obligation reported on previous statement	
Expenditure #2		
Name		\$
		Date
Address	Purpose:	
	Click I	lere for Memo Itemization Type
	Check box if this expenditure is payment of	
Fund Raiser	debt or obligation reported on previous statement	·
Expenditure #3	Secondary	
Name		
- Name		\$
Address	Purpose:	Date
у	Click I	lere for Memo Itemization Type
		loto for morne transmission of
		isto to morno turmamore spe
	Check box if this expenditure is payment of debt or obligation reported on previous	
✓ Fund Raiser	Check box if this expenditure is payment of	
Fund Raiser Expenditure #4	Check box if this expenditure is payment of debt or obligation reported on previous	
✓ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous	s
Fund Raiser Expenditure #4 Name	Check box if this expenditure is payment of debt or obligation reported on previous statement	\$
Fund Raiser Expenditure #4	Check box if this expenditure is payment of debt or obligation reported on previous	\$
Fund Raiser Expenditure #4 Name	Check box if this expenditure is payment of debt or obligation reported on previous statement Purpose:	\$
Fund Raiser Expenditure #4 Name	Check box if this expenditure is payment of debt or obligation reported on previous statement Purpose: Click I	\$S DateS
Fund Raiser Expenditure #4 Name Address	Check box if this expenditure is payment of debt or obligation reported on previous statement Purpose: Click if this expenditure is payment of debt or obligation reported on previous	\$S DateS
Fund Raiser Expenditure #4 Name Address Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement Purpose: Click I	\$S DateS
Fund Raiser Expenditure #4 Name Address Fund Raiser Expenditure #5	Check box if this expenditure is payment of debt or obligation reported on previous statement Purpose: Click if this expenditure is payment of debt or obligation reported on previous	\$S DateS
Fund Raiser Expenditure #4 Name Address Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement Purpose: Click if this expenditure is payment of debt or obligation reported on previous	\$S DateS
Fund Raiser Expenditure #4 Name Address Fund Raiser Expenditure #5	Check box if this expenditure is payment of debt or obligation reported on previous statement Purpose: Click if this expenditure is payment of debt or obligation reported on previous	\$Here for Memo Itemization Type
Fund Raiser Expenditure #4 Name Address Fund Raiser Expenditure #5 Name	Check box if this expenditure is payment of debt or obligation reported on previous statement Purpose: Click I Check box if this expenditure is payment of debt or obligation reported on previous statement Purpose:	Date \$Here for Memo Itemization Type
Fund Raiser Expenditure #4 Name Address Fund Raiser Expenditure #5 Name	Check box if this expenditure is payment of debt or obligation reported on previous statement Purpose: Click if this expenditure is payment of debt or obligation reported on previous statement Purpose: Click Check box if this expenditure is payment of debt or obligation reported on previous statement	Date \$SHere for Memo Itemization Type
Expenditure #4 Name Address Fund Raiser Expenditure #5 Name Address	Check box if this expenditure is payment of debt or obligation reported on previous statement Purpose: Click I Check box if this expenditure is payment of debt or obligation reported on previous statement Click Check box if this expenditure is payment of debt or obligation reported on previous statement	Date \$SHere for Memo Itemization Type
Fund Raiser Expenditure #4 Name Address Fund Raiser Expenditure #5 Name	Check box if this expenditure is payment of debt or obligation reported on previous statement Purpose: Click I Check box if this expenditure is payment of debt or obligation reported on previous statement Purpose: Click Check box if this expenditure is payment of debt or obligation reported on previous statement	Date \$SHere for Memo Itemization Type

Grand Total of all Schedules 1B (Complete on last page of Schedule)

NA

Enter this total on line 8a of Summary Page



INCIDENTAL OFFICE EXPENSI DISBURSEMENTS

1. Committee I. D. Number

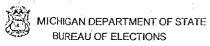
40	74
----	----

SCHEDULE 10

2. Committee Name Tom Hickner for County Executive

CANDIDATE COMMITTEE (For use by officeholders only)	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1		11/16/12	
Name Tom Hickner			\$ 373.73
	Purpose: see itemized list below	Date	
Address 4821 E. Westgate Drive		tere for Memo It	emization Type
Bay City MI 48706	Check box if this expenditure is payment of		
	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #2		11/12/12	(04.40)
Name Old City Hall		Date	\$ <u>(31.48)</u>
Address	Purpose: refreshments-volunteers	. =	
Address 814 Saginaw	Click	Here for Memo It	emization Type
Bay City Mt 48708	Thurs to payment of		
	Check box if this expenditure is payment of debt or obligation reported on previous		·
Fund Raiser	statement		
Expenditure #3			
Name Troppo		11/08/12	\$ (45.09)_
	Purpose: dinner-MRG staff	Date	
Address 111 E. Michigan Avenue		Here for Memo I	temization Type
Lansing MI 48933	Check box if this expenditure is payment of		
<u> </u>	debt or obligation reported on previous	•	
✓ Fund Raiser	statement		
Expenditure #4		44/06/40	
Name Timothy's		11/06/12 Date	\$ (45.79)
Address	Purpose: cigars-young democrats	Date	
Address 115 Center Avenue		: Here for Memo	Itemization Type
Bay city MI 48708			
	Check box if this expenditure is payment of debt or obligation reported on previous		
▼ Fund Raiser	statement		
Expenditure #5			
Name Bart's		11/07/12	\$/38.62
	Purpose: refreshments volunteers	Date	6013-1
Address 804 E. Midland		k Here for Memo	Itemization Type
Bay City MI 48706	Check box if this expenditure is payment (• •
	debt or obligation reported on previous		
Fund Raiser	statement Sut	ototal this page	373.73
		all Schedules 1B	0 10 10
	Grand Total of a (Complete on last pa	age of Schedule)	
	` '		

Enter this total on line 8a of Summary Page



INCIDENTAL OFFICE EXPENSI **DISBURSEMENTS**

1. Committee I. D. Number

1	4	0	7	4

Tom Hickner for County Executive **SCHEDULE 1C** -2. Committee Name CANDIDATE COMMITTEE 6. Amount 5. Date 4. Purpose (Required Information) (For use by officeholders only) Expenditure #1 11/16/12 \$ (130.38) Name Kellogg Center refreshments-MSU Professors Address 219 S. Harrison Click Here for Memo Itemization Type E. Lansing, MI 48824 Check box if this expenditure is payment of debt or obligation reported on previous Fund Raiser Expenditure #2 11/06/12 Name Old City Hall \$ (62.12) Purpose: refreshments-volunteers Address 814 Saginaw Click Here for Memo Itemization Type Bay City MI 48708 Check box if this expenditure is payment of debt or obligation reported on previous Fund Raiser statement Expenditure #3 Name Date Address Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous √ Fund Raiser statement Expenditure #4 Name Date Address Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous ✓ Fund Raiser statement Expenditure #5 Name Date Address Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement Fund Raiser Subtotal this page NA Grand Total of all Schedules 1B

> Enter this total on line 8a of Summary Page

(Complete on last page of Schedule)